

Utilizing 'Soft Touch' Engagement Techniques for EAPs

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During the COVID pandemic many EAPs developed novel approaches to service delivery. Most programs migrated from face-to-face counseling models to virtual platforms. The Mount Sinai Health System's EAP developed new employee engagement strategies based on existing sampling methodologies. This flexible approach, referred to as "Cluster Ball" was deployed to reach distressed front line health care workers (HCW) such as ICU staff, physicians, nurses, nurse practitioners, physician assistants, therapists, EMTs and others during the pandemic (Hughes & Fairley 2020).

The goal of this article is to discuss how the "Cluster Ball" strategy has been adapted with "soft-touch" techniques to address workplace violence (WPV).

What is a 'Cluster Ball'?

"Cluster Ball" is an active engagement strategy that locates identified areas of employee and organizational need known as clusters. Subsequently, it relies on supervisors, peers, and others to *identify distressed employees or work groups* for EA outreach (snowball). It is based on cluster and snowball sampling methodologies and is aligned with the core technologies of individual assessment and organizational consultation (Bloom & Roman, 1985).

The approach evolved during the pandemic as leaders turned to the EAP for critical incident consultation and support. *It was established by our mental health leadership team, which promoted the service to front line supervisors* (Hughes and Fairley 2020).

Organizational integration facilitates a "boots on the ground" rapid response intervention. It is an active approach that does not depend on websites, call centers or self-referral. Rather, it requires excellent communication skills and knowledge of the organizational culture.

Once the employee/work group is identified *as distressed*, the EAP counselor initiates contact employing the principles of Psychological First Aid (PFA). This process depends on organizational support, existing workplace relationships, and workplace integration. The approach is broadly normalized within the context of the crisis (SAMSHA, 2010). The strategy can be used effectively by internal, external, or hybrid practitioners with onsite capacity.

The Soft Touch Process

As the pandemic waned in NYC, the EAP shifted its focus to the *traumatic impact of Workplace Violence (WPV) on healthcare workers*. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty" (OSHA, 2016).

OSHA goes on to state that health care and social service employees experience the highest levels of WPV in the civilian workforce. (This stems primarily from violent behavior of their patients, clients, and/or residents). As a result, we had learned during the pandemic that our employees appreciated active EA engagement during periods of high stress.

Consequently, we adapted the PFA approach to support engagement elsewhere. Logically, the Cluster-Ball techniques previously developed in our emergency rooms ICUs and respiratory care units were transferred to employees who had experienced WPV.

We discovered that PFA in the hands of skilled counselors was an effective engagement and mitigation tool. The "Soft Touch" protocol involves the identification of distressed employees/work groups, EAP initiated outreach employing PFA techniques, the elicitation of an event narrative, and assessment/referral for care as needed.

Operationally, the EAP is alerted through the organization's existing health and safety mechanisms. These include daily Employee Health Service, Security and Risk Management reports.

Soft Touch and the WPV Dashboard

These data sources are filtered to create a Workplace Violence dashboard, which provides the EAP with real time information on WPV events. The dashboard collects WPV information throughout the organization that includes time, location, participants involved, severity, incident type (OSHA), and a brief textual description of the event.

The EA counselors use this information to initiate the intervention. Managers and supervisors are asked to provide background and contact information. Upon contact, the EA professional self-identifies and acknowledges the WPV incident as a disruptive event (Hughes, 2020).

The process begins with a simple and gentle check-in – *hence the term "soft touch."* The counselor begins with several simple questions including, *How are you? Are you currently safe? Do you need anything? Can we help?* Further discussion is voluntary, and some employees decline.

If the employee chooses further engagement, they are asked to share the event in their own words. This story forms the basis of a therapeutic narrative. Safety and well-being are prioritized. Follow-up services are offered but are optional. This subtle approach reflects an excellent example of trauma-informed counseling (SAMSHA, 2014). To illustrate we offer several case examples.

Case Examples:

➢ *After a 12-hour shift a HCW went into the patient's room for a routine check. As the employee approached the bedside the patient punched him in the face*. As trained, the employee made a virtual report of the incident that was forwarded to EAP.

The EAP counselor contacted the employee to offer support. During the call, the employee openly described what happened and the feelings evoked by the incident. The employee described feeling shame, guilt, anger, and frustration. The employee stated he would feel better once he returned to work.

The counselor worked with the employee to explore his coping mechanisms, his ability to look for a solution to his fear, and helped him to reframe the event. In the latter case, the counselor helped the employee see those things he did correctly while avoiding negative ruminations.

The counselor ended the session by asking the employee how he would like to proceed including options for follow-up if desired. This option was offered once post-event stability was achieved. The employee stated that he felt cared for knowing the EAP was there if needed. He returned to duty stating he felt fine and would call if any concerns arose in the future.

➢ *An employee did a routine check in on a patient and was assaulted resulting in head trauma. She was concussed and emotionally traumatized*. The EAP was contacted by employee health services (EHS) in order to assist the employee.

The counselor began with a "soft touch" approach, inquiring how the employee was doing. The employee reported persistent post-concussion symptoms that required a short-term disability leave. She stated that she felt shame and guilt for not "knowing better" and "letting her guard down." The counselor reframed the incident helping the employee to see how she had performed professionally.

At the end of the first encounter, the employee reported feeling relieved after reviewing the event. The counselor suggested several follow-up contacts to further explore the incident and its impact. The HCW was supported during her leave of absence and assisted throughout the return-to-work process.

Lastly, the EAP counselor suggested a referral for long-term counseling. The HCW was appreciative and open to this suggestion.

➢ *A HCW in her third trimester of pregnancy was admitting a patient. Without provocation or warning, the patient became agitated and punched her multiple times in her abdomen*. Initially, she continued to work but stopped to process her strong emotions. The EAP counselor was contacted by a member of senior management for assistance. The event was also listed on the Workplace Violence dashboard. The counselor decided to engage the Soft Touch protocol.

A rapid response ensued. The EAP counselor placed a call to the employee employing PFA techniques. The employee was asked, *"How are you doing?"* and "*How can I be of help?*". The employee had never been involved in any physical altercation and was shocked that the patient would assault a pregnant woman. The counselor and employee explored how to manage this stress, moral injury, and shock. More specifically, the employee and counselor investigated ways in which she could physically protect herself and discuss the event with her supervisor.

The employee asked for a follow-up contact for additional support and resilience building. The next contact revealed this employee to be very resilient. She was grateful for EAP support, as she continued to process the event. The employee is currently out on maternity leave after safely delivering her baby. The EAP will follow up with her upon her return.

➢ *While screening a visitor in the lobby of the hospital, a HCW was verbally abused by a visitor with "racial and gender discriminating provocative" remarks*. The visitor took the employee's photo and threatened to assault her outside the hospital after her shift. The EAP was contacted by senior leadership for supportive follow-up.

The counselor contacted the employee and asked how she was doing. The employee was tearful as she described the incident. She reported she had never been spoken to so disrespectfully and threatened on the job. She also expressed feelings of fear, sadness, and anger as well as sleep disturbance and exhaustion. As a result, she planned a short-term leave of absence.

Self-care was stressed during this time and practical safety precautions were offered. The employee was asked if she would like the EAP counselor to check in after a week to see how she was doing. The employee immediately responded with gratitude and affirmed that a follow-up would be helpful to address any underlying trauma. At this time, the employee required assistance advocating for herself and understanding the procedure to return to work. It was determined that the employee would benefit from several more sessions to better process the event.

The Importance Rapid Response

As stated, the soft touch protocol depends on the "real time" identification of impacted employees. The EA response is triggered by WPV dashboard reports and administrative referrals. Employees seem to feel most comfortable with discrete cell phone contact. Counselors are deployed quickly. Prompt response (0-48 hours) supports both engagement and reasonability.

This approach has been appreciated by staff and management alike. Despite initial reservations by the EA staff, employees seem to experience the approach as being non-intrusive. Of course, they are free to decline service if desired. Typically, employees appreciate expressions of organizational support in the wake of a WPV incident.

Reasonable Response

The unsolicited nature of EAP outreach requires "reasonability", which means *the contact should make sense to the employee*. It is not a "robocall." The approach should be warm, rapid, and normalized within the organizational culture. The reasonability of active engagement was established during the COVID-19 pandemic.

The shift to WPV is a logical progression and modifying the program's engagement techniques is perceived as "reasonable." Conceptually, "soft touch" embraces the tenets of trauma-informed counseling and reflects a form of organizational "Post Traumatic Learning" (Albott et. al., 2020). Importantly, the usual EA understandings around privacy and confidentiality are strictly maintained.

Discussion/Summary

The COVID-19 pandemic has transformed the nature of EAP service. Not since the 9/11 attacks have EAPs so thoroughly re-evaluated their service packages. The current crisis has generated many opportunities for innovation. It has created time for learning and growth. Clearly, persistent exposure to stress can lead to employee disengagement, burnout, depression, and PTSD. The high incidence of WPV in health care has intensified the burden on an already stressed workforce.

Potential remedies include the development of active engagement techniques such as the "soft touch protocol." As noted, the "soft-touch" protocol is rooted in the principles of PFA and designed to promote safety, calm, connectedness, self-efficacy and assistance (SAMHSA 2010). It is both subtle and operationally therapeutic. Its goal is to facilitate resilience and the restoration of performance through an active rapidly deployed intervention. Timely and supportive outreach communicates organizational concern.

As with Critical Incident Response (CIR), soft touch requires a level of organizational integration and on-site capacity. Employees are encouraged, but not pushed, to discuss the event in a safe, frequently virtual, space. A skilled EA practitioner can thoughtfully explore the event. Focused discussion gives the employee an opportunity to pivot and create a therapeutic narrative that supports healing and restoration.

Negative ruminations should be reframed and clarified. Once engaged and stabilized WPV victims are offered follow-up services. These include further assessment, medical care, ongoing psychological support, and worker's compensation services as needed. ❖

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